

Oklahoma Board of Tests for Alcohol and Drug Influence

Complaint Review Committee P.O. Box 36307 Oklahoma City, Oklahoma 73136-2307

COMPLAINT FORM

Note: An investigation will only be made after receipt of a signed, written and notarized complaint.

Please print or type the information requested below AND keep a full copy for your records.

INFORMATION ABOUT YOU	
Your Name:	
Your Address:	
Your Home Phone: () Work Phone: ()	
COMPLAINT AGAINST	
Business Name:	
Technician's Name (if applicable):	
Address:	
Business Phone: ()	

(go to next page)

YOUR COMPLAINT

Provide, in your own words, a detailed statement of your complaint. Be as specific as possible about your concerns. Please print.
Sign and attach additional page(s) as necessary. Also attach copies of any related documents. DO NOT SEND ORIGINALS .
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State of Oklahoma County of
I solemnly swear that the foregoing statements are true and correct to the best of my knowledge and belief.
Signature of Complainant
Subscribed and sworn before me this day of,,
My commission expires: Notary Public